IN RE U.S. PATENT APPLICATION IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Arnac, L.P.

Title:

STRETCH WRAP APPARATUS

Attorney Docket No.

25306-46652

Express Mail Label No.

EV 024106598 US

UTILITY PATENT APPLICATION TRANSMITTAL

Mail Stop Patent Application Commissioner for Patents PO Box 1450

Alexandria, VA 22313-1450

Dear Commissioner:

Transmitted herewith for filing is the above-identified patent application.

Enclosed are the following documents:

- This transmittal letter (in duplicate);
- 2. Fee Transmittal Form;
- Specification (22 pages total);
- 4. Drawings (2 pages);
- 5. Declaration and Power of Attorney signed by S olis;
- Declaration and Power of Attorney signed by Bennett:
- 7. Information Disclosure Statement; and
- Receipt Acknowledgement Postcard.

Please charge PTO Deposit Account Number 502035 any and all prescribed filing fees.

Respectfully submitted.

the sieles

Registration Number 38,863

Levenfeld Pearlstein

PO Box 0212

Chicago, IL 60690-0212 Tel: (312) 476-7559

Fax: (312) 476-7559

Date: September 9, 2003

CERTIFICATE OF MAILING

I hereby certify this correspondence and the above-referenced documents are being deposited, postage prepaid, with the United States Postal Service as Express Mail No. EV 024105598 US in an envelope addressed to Mail Stop Patent Application, Commissioner for Patents, PO Box 1450, Alexayf07a, VA 22313-1450 on the below date.

Signed

Leon I. Edelson

30567
PATENT TRADEMARK OFFICE

Bar Code Label

Dated: September 9, 2003 H:\docs\46600\46652\Transmittal ltr.doc

IN RE U.S. PATENT APPLICATION IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Arpac, L.P.

Title:

STRETCH WRAP APPARATUS

Attorney Docket No.

25306-46652

Express Mail Label No.

EV 024106598 US

UTILITY PATENT APPLICATION TRANSMITTAL

Mail Stop Patent Application Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Dear Commissioner

Transmitted herewith for filing is the above-identified patent application.

Enclosed are the following documents:

- 1. This transmittal letter (in duplicate);
- 2. Fee Transmittal Form;
- Specification (22 pages total);
- Drawings (2 pages);
- 5. Declaration and Power of Attorney signed by S olis;
- 6. Declaration and Power of Attorney signed by Bennett;
- Information Disclosure Statement; and
- Receipt Acknowledgement Postcard.

Please charge PTO Deposit Account Number 502035 any and all prescribed filing fees.

Respectfully submitted,

Leon I. Edelson

Registration Number 38,863

Levenfeld Pearlstein PO Box 0212

Chicago, IL 60690-0212

Tel: (312) 476-7559 Fax: (312) 346-8434

Date: September 9, 2003

CERTIFICATE OF MAILING

I hereby certify this correspondence and the above-referenced documents are being deposited, postage prepaid, with the United States Postal Service as Express Mail No. EV 024 (1059) US in an envelope addressed to Mail Stop Patent Application, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on the below date.

Signed

Leon I. Edelsor

PATENT TRADEMARK OFFICE

Bar Code Label

Dated: September 9, 2003

H:\docs\46600\46652\Transmittal ltr.doc

PTO/SB/17 (01-03)
Approved for use through 04/30/2003. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control numb									
FEE TRANSMITTA	ı	Complete if Known							
FEE IRANSIVIIIIA	- [Application Number		er					
for FY 2003	- 1	Filing Date							
Effective 01/01/2003. Patent fees ere subject to ennual revision.			First Named Inventor			fonso	Solis		
			Examiner Name						
Applicant claims small entity status. See 37 CFR 1.27		Art Ur	Jnit						
TOTAL AMOUNT OF PAYMENT (\$)	Attorney Docket No.				to. 25	306-4	6652		
METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)						
Check Credit card Money Order None	3. ADDITIONAL FEES Large Entity, Small Entity								
✓ Deposit Account:	Fee	Fee		Fee		Foo f	escription		
Deposit Account 502035	Code			(\$)					Fee Paid
Number	1051	130 50	2051				filing fee or o provisional fil		
Account Name Levenfeld Pearlstein					cover she	eet			
The Commissioner is authorized to: (check all that epply)	1053	130	1053 1812		Non-Eng For filing		cification st for ex parte	e reexaminal	tion
Charge fee(s) indicated below Credit any overpayments	1812 1804	2,520 920*	1804		-		ication of SIR		
Charge any edditional fee(s) during the pendency of this application	1				Examine	r action			
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805	1,840*	1805	1,840*	Request Exemine	ting pub er action	lication of SIR	atter	
FEE CALCULATION	1251	110	2251	55			ply within first		1 1
1. BASIC FILING FEE	1252	410	2252	205			ply within sec		1
Lerge Entity Small Entity Fee Fee Fee Fee Paid Fee Fee Fee Fee Paid	1253	930	2253	465 725			ply within thin		
Code (\$) Code (\$)		1,970	2255	985			ply within fou ply within fifth		
1001 750 2001 375 Utility filing fee 375.00	1401	320	2401		Notice o				
1002 330 2002 165 Design filing fee 1003 520 2003 260 Plant filing fee	1402	320	2402				support of an	appeal	
1003 520 2003 250 Plant nung lee	1403	280	2403		Request		• • • • • • • • • • • • • • • • • • • •		
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition	to institu	ite a public us	se proceedin	9
SUBTOTAL (1) (\$) 375.00	1452	110	2452	55	Petition	to reviv	e - unavoidab	le	
	1453	1,300	2453	650	Petition	to reviv	e - unintention	nal	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1,300	2501				(or reissue)		
Extra Claims below Fee Pald	1502	470	2502		Design i		е		
Independent 2 au V	1503 1460	630 130	2503 1460		Plant is:		Commissione	ar.	
Claims 2 3 2 1 3 2	1807	50	1807				under 37 CFF		
Large Entity Small Entity	1806	180	1806			-	nformation Di		
Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	8021	40	8021		Recordin	ng each	patent assign	nment per	
1202 18 2202 9 Claims in excess of 20	1				property	(times	number of pro sion after final	openies)	
1201 84 2201 42 Independent claims in excess of 3	1809	750	2809	375	(37 CFF	R 1.129	a))	rejection	
1203 280 2203 140 Multiple dependent claim, if not paid	1810	750	2810	375	For each	h addition	onal invention CFR 1.129(b))	to be	L !
1204 84 2204 42 ** Reissue independent claims over original patent	1801	750	2801	375			ontinued Exar		ε)
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802		1802		0 Reque	st for ex	pedited exam		
·	Other	of a design application							
SUBTOTAL (2) [\$) 0 **or number previously paid, if greater, For Reksues, see above **or number previously paid, if greater, For Reksues, see above									
SUBMITTED BY (Complete (# applicable)									
Name (Print/Type) Lebn . Edelson		Registra		n No. 20 962 Telephone 312-476-7550					59
(Attorney/Agent)								09-08-200	
WARNING: Information on this form may become public. Credit card information should not									

be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.7 and 127. The information is required to obtain or retain a benefit by the public which is to file (and by the BPF 070 to process) an application.

BPF 070 to process) an application of the public which is to file (and by the BPF 070 to process) an application of the public which is to file (and by the BPF 070 to process) an application of the public which is to process an application of the public which is to process an application of the public which is to process and the public which is to mind the complete belowing the confidence of the public which is to public which is to public which is to public which is to public which is the public